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|--|--|---|--|---|--|---|--|--|--|-------------------------------|--|
| Control # 000281707 0 | | PAYER'S Federal identification # 56-1354495 | | <input type="checkbox"/> Corrected (if checked) <input type="checkbox"/> Void (if checked) | | Copy 2 File this copy with your state, city, or local income tax return, when required. | | OMB No. 1545-01 2007 Form 1099-R | | | |
| PAYER'S name, street address, city, state, and ZIP code WRS RETIREMENT SERVICES CIRCUIT CITY PENSION PLAN 1525 W. WT HARRIS BLVD-NC1155 CHARLOTTE, NC 28262-1155 | | | | RECIPIENT'S identification number [REDACTED] | | | | | | | |
| QUESTIONS? CALL 1-877-877-1207 1st year of desig. Roth Contrib. | | | | 1 Gross distribution | | 752.76 | | | | | |
| | | | | 2a Taxable amount | | 752.76 | | | | | |
| RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code NANCY A DARLING 411 W K PLACE APT #208 JENKS OK 74037-2959 | | | | 2b Taxable amount not determined | | Account number (see instructions) 20080119163600237834 | | | | | |
| | | | | <input type="checkbox"/> Total distribution | | 3 Capital gain (included in box 2a) | | 0.00 | | 4 Federal income tax withheld | |
| | | | | 5 Employee/Roth Designated contrib. or insurance premiums | | 0.00 | | 6 Net unrealized appreciation in employer's securities | | 0.00 | |
| | | | | 7 Distribution code | | 7 | | 8a Your percentage of total distribution | | 0 % | |
| 8 Other | | | | % | | 9b Total employee contribution | | | | | |
| 10 State tax withheld | | 0.00 | | 11 State/Payer's state no. | | OK/561354495 | | 12 State distribution | | | |
| | | | | 13 Local tax withheld | | | | 14 Name of locality | | | |
| | | | | | | | | 15 Local distribution | | | |

Form 1099-R

Department of the Treasury - Internal Revenue Service